



AMENDMENT TRANSMITTAL LETTER

Docket No.
H0610.0026/P026

Application No.
09/776,385-Conf. #1425

Filing Date
February 2, 2001

Examiner
G. Cantelmo

Art Unit
1745

Applicant(s): Neils Christiansen

Invention: POROUS PLANAR ELECTRODE SUPPORT IN A SOLID OXIDE FUEL CELL (as amended)

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	15	- 37 =		x	0.00
Independent Claims	1	- 4 =		x	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within second month					420.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					420.00

☒ Large Entity

☐ Small Entity

☐ No additional fee is required for this amendment.

☐ Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.

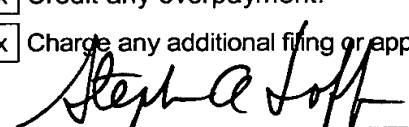
☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.

☒ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-1073
as described below. A duplicate copy of this sheet is enclosed.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.


Stephen A. Soffen
Attorney Reg. No.: 31,063

Dated: April 16, 2004

DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP
2101 L Street NW
Washington, DC 20037-1526
(202) 828-4879



AF / 1745 #

PTO/SB/17 (10-03)
Approved for use through 7/31/2006. OMB 0651-0032
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FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2003, Patent fees are subject to annual revision.</small>		Complete if Known	
		Application Number	09/776,385-Conf. #1425
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	February 2, 2001
TOTAL AMOUNT OF PAYMENT (\$)		First Named Inventor	Neils Christiansen
		Examiner Name	G. Cantelmo
420.00		Art Unit	1745
		Attorney Docket No.	H0610.0026/P026

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	3. ADDITIONAL FEES	
<input type="checkbox"/> Money Order	<input type="checkbox"/> Other		
<input checked="" type="checkbox"/> Deposit Account:			
Deposit Account Number	04-1073		
Deposit Account Name	Dickstein Shapiro Morin & Oshinsky LLP		
The Director is authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments		
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			

FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity	Small Entity		
Fee Code	Fee Code		
Fee (\$)	Fee (\$)		
Fee Description	Fee Paid		
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1) (\$)		0.00	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE							
Total Claims	15	-37** =		x		=	0.00
Independent Claims	1	-4** =		x		=	0.00
Multiple Dependent						=	

Large Entity		Small Entity		Fee Description	
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1202 18	2202 9	1201 86	2201 43	Claims in excess of 20	
1203 290	2203 145	1204 86	2204 43	Independent claims in excess of 3	
1204 86	2204 43	1205 18	2205 9	Multiple dependent claim, if not paid	
				** Reissue independent claims over original patent	
				** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)				0.00	

SUBTOTAL (3) (\$)	
420.00	

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Stephen A. Soffen	Registration No. (Attorney/Agent)	31,063
Signature		Telephone	(202) 828-4879
		Date	April 16, 2004